

FOR DEPARTMENT USE ONLY	0560
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	TOTAL

C/A NO.	NAIC NO.	
COMPANY NAME		FOR CALENDAR YEAR ENDING DECEMBER 31, 2005
MAILING ADDRESS		DOMICILE STATE

1. TOTAL TAXES DUE (Page 6, Schedule E, Line 6, GREATER of Column A or Column B)	\$ _____
2. <u>LESS</u> TOTAL PREMIUM TAX CREDITS (Page 5, Schedule D, Line 4)	\$ _____
3. <u>LESS</u> 2005 PREPAYMENTS REMITTED: (1) JUNE 15 \$ _____ (2) SEPT. 15 \$ _____ (3) DEC. 15 \$ _____	\$ _____
4. TAX SUBTOTAL - Line 1 less Lines 2 and 3. If negative amount, also enter on Line 8.	\$ _____
5. ANNUAL CONTINUATION FEE for Calendar Year 2006	
<u>MUST ATTACH ANNUAL STATEMENT PAGE 3, LINE 31, COLUMN 3</u> is used to determine fee amount.	
Surplus less than \$10,000,000	\$1,000.00
Surplus greater than \$10,000,000 but less than \$100,000,000	\$2,500.00
Surplus greater than \$100,000,000	\$4,500.00
	\$ _____
<u>Payment of continuation fee must be included.</u> Do not use overpayment of tax on Line 4.	
6. <u>PLUS</u> PENALTY, IF DUE (\$25.00 per day from postmark delinquency. Idaho Code § 41-404)	\$ _____
7. AMOUNT ENCLOSED – ADD Lines 5 and 6, Include Line 4 if not a negative amount. Make check payable to: <u>Idaho Department of Insurance.</u> There will be a \$20.00 charge on all returned checks. Idaho Code § 28-22-105 Your canceled check is your receipt.	
	\$ _____
Indicate if payment is by EFT _____	
8. REFUND DUE FOR TAX OVERPAYMENT ONLY	\$ _____

Signature of Officer	Date
Name and Title (Type or Print)	

SCHEDULE A - COMPUTATION OF PREMIUM TAX ACCIDENT AND HEALTH ONLY

1. TOTAL HEALTH PREMIUMS (including membership and policy, installment and similar fees). LESS return premiums on policies not taken. This amount must agree with the ATTACHED Schedule T, Line 13, sum of Columns 3, 4, 5, and 6 Exhibit of Premiums, Enrollment and Utilization, Line 12, Column 1.

\$ _____

2. IDAHO DOMESTIC INSURERS - Enter total premiums from attached tax SUPPLEMENT 1 - Business in Jurisdictions not Licensed.

\$ _____

3. PREMIUMS EXEMPT AND/OR PREEMPTED BY FEDERAL LAW:

TYPE OF PREEMPTION/EXEMPTION

PREMIUMS

A. Federal Employers Health Care

\$ _____

B. Medicare (HCFA)

\$ _____

C. _____

\$ _____

TOTAL EXEMPT PREMIUMS (Add Lines 3A through 3C)

\$ _____

4. NET TAXABLE ACCIDENT AND HEALTH PREMIUMS (Line 1 + Line 2 - Line 3)
Carry forward to Page 6, Schedule E, Line 1, Column A.

\$ _____

5. PREMIUM TAX - 2.5% (1.4%) of Line 4
Carry forward to Page 6, Schedule E, Line 1B, Column A.
If qualified for the 1.4% reduced tax rate under Idaho Code § 41-403,
You must complete and attach Pages 7 and 8, Schedule F.

\$ _____

RETALIATORY SCHEDULE E MUST BE COMPLETED.

⇔ **COPIES OF THE ANNUAL STATEMENT MUST BE INCLUDED FOR VERIFICATION**

**SCHEDULE T,
EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION STATE OF IDAHO.**

SCHEDULE B1 - COMPUTATION OF PREMIUM TAX - LIFE

1. TOTAL LIFE PREMIUMS DIRECT (including membership and policy fees)

This amount must agree with the ATTACHED Schedule T, Column 7, Line 13 and Supplement 23, Direct Business in the State of Idaho, Column 5.

\$ _____

A. TOTAL ANNUITY PREMIUMS (For information only)

\$ _____

2. IDAHO DOMESTIC INSURERS - Enter total premiums minus dividends from

attached tax SUPPLEMENT 1 - Life Business in Jurisdictions not Licensed

\$ _____

3. LESS POLICY DIVIDENDS & RETURN COUPONS (If allocated as premium payments or paid-up additions, amount must be included in premium income shown on Line 1.)

Cannot exceed the ATTACHED Annual Statement Idaho Business Page or include dividends on exempt premiums reported in Line 4.

\$ _____

4. PREMIUMS EXEMPT AND/OR PREEMPTED BY FEDERAL LAW:

TYPE OF PREEMPTION/EXEMPTION

PREMIUMS

A. U.S. INTERNAL REVENUE CODE

Sec. 401(a).403.404.408.501(a) _____

\$ _____

B. _____

\$ _____

C. _____

\$ _____

TOTAL EXEMPT PREMIUMS (Add Lines 4A through 4C)

\$ _____

5. NET TAXABLE LIFE PREMIUMS (Line 1 + Line 2 - Line 3 - Line 4)

Carry forward to Page 6, Schedule E, Line 2, Column A.

\$ _____

6. PREMIUM TAX - 2.5% (1.4%) of Line 5.

Carry forward to Page 6, Schedule E, Line 2B, Column A.

If qualified for the 1.4% reduced tax rate under Idaho Code § 41-403, you must complete and attach Page 7 and 8, Schedule F.

\$ _____

RETALIATORY SCHEDULE E MUST BE COMPLETED.

⇔ **COPIES OF THE ANNUAL STATEMENT MUST BE INCLUDED FOR VERIFICATION**
SCHEDULE T
SUPPLEMENT 23 - DIRECT BUSINESS IN THE STATE OF IDAHO

SCHEDULE B2 - COMPUTATION OF PREMIUM TAX - PROPERTY AND CASUALTY

1. TOTAL DIRECT PREMIUMS WRITTEN PLUS SERVICE OR FINANCE CHARGES
(including policy, membership, installment and similar fees), LESS return premiums
on policies not taken. This amount must agree with the ATTACHED Schedule T,
Column 8, Line 13 and Supplement 59, Exhibit of Premium and Losses State of Idaho. \$ _____
2. IDAHO DOMESTIC INSURERS - Enter total premiums minus dividends from
attached tax SUPPLEMENT 1 - Business in Jurisdictions not Licensed. \$ _____
3. LESS DIVIDENDS PAID OR CREDITED TO THE ACCOUNT OF POLICYHOLDERS.
Must agree with ATTACHED Annual Statement Idaho Business Page and Schedule T,
excluding accident and health dividends. \$ _____
4. PREMIUMS EXEMPT AND/OR PREEMPTED BY FEDERAL LAW:
- | TYPE OF PREEMPTION/EXEMPTION | PREMIUMS |
|--|----------|
| A. <u>Multiple Peril Crop</u> | \$ _____ |
| B. <u>Federal Flood</u> | \$ _____ |
| C. _____ | \$ _____ |
| TOTAL EXEMPT PREMIUMS (Add Lines 4A through 4C) \$ _____ | |
5. NET TAXABLE PROPERTY AND CASUALTY PREMIUMS (Line 1 + Line 2 - Line 3 - Line 4)
Carry forward to Page 6, Schedule E, Line 3, Column A. \$ _____
6. PREMIUM TAX - 2.5% (1.4%) of Line 5. (Report negative amounts.)
Carry forward to Page 6, Schedule E, Line 3B, Column A.
If qualified for the 1.4% reduced tax rate under Idaho Code § 41-403,
you must complete and attach Page 7 and 8, Schedule F. \$ _____

RETALIATORY SCHEDULE E MUST BE COMPLETED.

⇔ **COPIES OF THE ANNUAL STATEMENT MUST BE INCLUDED FOR VERIFICATION**
SCHEDULE T,
SUPPLEMENT 59 - EXHIBIT OF PREMIUMS AND LOSSES - STATE OF IDAHO

NAME OF ADMINISTERED PLAN: _____

ADDRESS: _____ CITY: _____

NAME OF CONTACT PERSON: _____

SCHEDULE C – EACH INDIVIDUAL SELF FUNDED PLANS

NUMBER OF BENEFICIARIES COVERED PER MONTH: Idaho Code § 41-4012

JANUARY	_____	JULY	_____
FEBRUARY	_____	AUGUST	_____
MARCH	_____	SEPTEMBER	_____
APRIL	_____	OCTOBER	_____
MAY	_____	NOVEMBER	_____
JUNE	_____	DECEMBER	_____

TOTAL BENEFICIARIES _____

X \$.04 =

TOTAL TAX DUE \$ _____

ADD each to total reported on Page 6, Line 5, Column A – OTHER TAXES

SCHEDULE D - TAX CREDITS

IN ORDER TO RECEIVE TAX CREDITS, SCHEDULES MUST BE ATTACHED

- 1 CLASS B CREDITS: IDAHO INSURANCE GUARANTY ASSOCIATION
WESTERN GUARANTY FUND

\$ N/A

2. CLASS B CREDITS
IDAHO LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

\$ N/A

3. WORKERS COMPENSATION TAX CREDITS
(Total from attached Schedule 7, Line 6)

\$ _____

4. TOTAL ALLOWABLE IDAHO CREDITS (Add Lines 1 through 3)
Carry Forward to Page 1, Recap of Taxes and Fees, Line 2.

\$ _____

LINE 4 CANNOT EXCEED THE TOTAL PREMIUM TAX LIABILITY
Page 6 Schedule E, Line 6, Column A or B, whichever is greater.

SCHEDULE E- COMPUTATION OF RETALIATORY TAXES

Idaho Code § 41-340 (2) and (3)

NET PREMIUMS SUBJECT TO TAX:	Column A AMOUNT PAID IN IDAHO	Column B AMOUNT WOULD PAY IN DOMICILE STATE
1. SCHEDULE A - ACCIDENT AND HEALTH PREMIUMS	\$ _____	\$ _____
A. PREMIUM TAX RATE	_____ 2.5% or 1.4%	_____
B. PREMIUM TAX (Line 1 x Line 1A)	\$ _____	\$ _____
2. SCHEDULE B1 - LIFE PREMIUMS	\$ _____	\$ _____
A. PREMIUM TAX RATE	_____ 2.5% or 1.4%	_____
B. PREMIUM TAX (Line 2 x Line 2A)	\$ _____	\$ _____
3. SCHEDULE B2 - PROPERTY AND CASUALTY PREMIUMS	\$ _____	\$ _____
A. PREMIUM TAX RATE	_____ 2.5% or 1.4%	_____
B. PREMIUM TAX (Line 3 x Line 3A)	\$ _____	\$ _____
4. MUNICIPAL, CITY OR COUNTY PREMIUMS	XXXXXXXXXXXXXXXXXXXXX	\$ _____
A. MUNICIPAL, CITY OR COUNTY TAX RATE	XXXXXXXXXXXXXXXXXXXXX	_____
B. MUNICIPAL, CITY OR COUNTY TAX (Line 4 x Line 4A)	XXXXXXXXXXXXXXXXXXXXX	\$ _____
5 OTHER TAXES – Identify Each:		
SELF-FUNDED PLANS (Schedule C)	\$ _____	\$ _____
_____	\$ _____	\$ _____
6. TOTAL TAXES (ADD Lines 1B THRU 5) Carry GREATER AMOUNT of Column A or B Forward to Page 1, Recap of Taxes, Line 1	\$ _____	\$ _____

SCHEDULE F- QUALIFICATION FOR REDUCED PREMIUM TAX

Idaho Code § 41-403

Complete, sign and attach, only if you are requesting the reduced tax rate on Page 2.

An itemized schedule must be attached showing qualified investment descriptions, amounts, types, inception and maturity dates for each Idaho investment; and must agree with amounts reported on Annual Statement, Page 2 as Net Admitted Assets in Column 3 .

Reduced Tax Qualification for Year Ending December 31, 2005

Public Obligations	\$ _____
Corporate Bonds	\$ _____
Preferred Stock	\$ _____
Common Stock	\$ _____
Mortgage Loans	\$ _____
Real Estate	\$ _____
Time Deposits	\$ _____
Other (Explain) _____	\$ _____
TOTAL QUALIFYING IDAHO INVESTMENTS	\$ _____

IF licensed for LIFE: Enter Total Required Reserves
(ATTACH Annual Statement, Page 3, Column 3, Line 4 + Line 5) \$ _____

Percentage of Qualifying Idaho Investments to Required Reserves _____%

* OR *

IF licensed for OTHER THAN LIFE: Enter Total Net Admitted Assets
(ATTACH Annual Statement, Page 2, Column 3, Line 26) \$ _____

Percentage of Qualifying Idaho Investments to Admitted Assets _____%

NOTE: Qualification for the reduced premium tax rate (1.4% or retaliatory rate, whichever is greater) shall be in strict conformity with the provisions of Idaho Code § 41-403, and the computation for qualification made hereon shall be subject to examination and review by the Department of Insurance.

I hereby certify that the investments listed herein are qualifying Idaho investments as provided by Idaho Code § 41-403, and that the company, as shown above, has qualified at all times throughout the year for the reduced premium tax rate.

Date

Signature

Name and Title (Type or print)

MONTHLY TOTALS REQUIRED FOR QUALIFYING IDAHO INVESTMENTS

	TOTAL REQUIRED RESERVES OR ADMITTED ASSETS	TOTAL QUALIFIED IDAHO INVESTMENTS	PERCENTAGE RATIO
Per Annual Statement Prior Year's Balance December 31, 2004	\$ _____	\$ _____	_____
January	\$ _____	\$ _____	_____
February	\$ _____	\$ _____	_____
March	\$ _____	\$ _____	_____
April	\$ _____	\$ _____	_____
May	\$ _____	\$ _____	_____
June	\$ _____	\$ _____	_____
July	\$ _____	\$ _____	_____
August	\$ _____	\$ _____	_____
September	\$ _____	\$ _____	_____
October	\$ _____	\$ _____	_____
November	\$ _____	\$ _____	_____
December 31, 2005	\$ _____	\$ _____	_____